FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 ... 57

DOCUMENT # P93000081089 (3)

1. Corporation Name
SHEAR EXCELLENCE, INC.

Principal Place of Business	Mailing Address
18178 NE 19TH AVE. N. MIAMI BCH. FL 33162 US	18178 NE 19TH AVE. N. MIAMI BCH. FL 33162 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/23/1993
3a. Date of Last Report: 08/02/1994
4. FEI Number: 65-0463808 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21, Suite, Apt. #, etc. 22, City & State 23, Zip 24, Country 25
2a. Mailing Address — 26, Suite, Apt. #, etc. 27, City & State 28, Zip 29, Country 30

9. Name and Address of Current Registered Agent

SHEA, CONSUELA
155 NORTH SHORE DRIVE
SUITE 2
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ Change ☐ Addition
NAME	SHEA, CONSUELO	
STREET ADDRESS	18178 NE 19TH AVE., N.	
CITY-ST-ZIP	N. MIAMI BCH. FL	
TITLE	VP	☐ Change ☐ Addition
NAME	CONSUELO VAREL	
STREET ADDRESS	18178 NE 19 AVE	
CITY-ST-ZIP	N. MIAMI BCH.	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Consuelo — 4/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0175771 CP